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Bib Data Sheet

CONFIRMATION NO. 3967

SERIAL NUMBER 10/658,982	FILING DATE 09/10/2003 RULE	CLASS 711	GROUP ART UNIT 2189	ATTORNEY DOCKET NO. STL11421
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APPLICANTS

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** CONTINUING DATA *****
 none AF

** FOREIGN APPLICATIONS *****
 none AF

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 12/03/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials	STATE OR COUNTRY CO	SHEETS DRAWING 5	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 3
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ADDRESS
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TITLE
 Adaptive mapping

FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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